



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

UIC Class V Well Post-Closure Notification Form
Instructions and Supporting Materials

This Form MUST be submitted and received by DEP within seven (7) after closure of any UIC well

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Introduction

DEP *Permit Applications*, as well as *Instructions & Support Materials*, are available for download from the DEP Web site at mass.gov/dep in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

Instructions & Support Materials files in Microsoft Word™ format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

Permit Applications in Microsoft Word™ format must be downloaded separately. Users with Microsoft Word™ 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF™ format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.

You must complete this form to notify MA DEP that you have closed a Underground Injection Control (UIC) Class IV/V well(s) at your facility. You may complete one form for more than one of the same type (EPA Well Code – see Table below) of Class V wells at each facility. For example, if you will be closing two drywells that are of similar construction at your facility and they receive discharges from the same activity (see Well Codes in the table below), you may use one form.

A. Supply the name and street address of the facility where the Class V well(s) is located. Include the City/Town, State (U.S.) Postal Service abbreviation) and Zip Code. If there is no street address for the Class V well, provide the route number or locate the well(s) on a map. If available, for the “Location” provide the Latitude/Longitude of the well or the legal description of the facility.

B. Provide the name and mailing address of the owner of the facility or if the facility is operated by lease, the operator of the facility. Include the name and phone number of the legal contact for any questions regarding the information provided.



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C. Indicated the Type, Code and Number of Class V injection well(s) that you intend to close. For example, motor vehicle waste disposal well or cesspool. Provide the number of wells of this well type at your location that will be closed. [See Table below]

Mark an “X” in the appropriate box to indicate the type of well construction. Mark all that apply to your situation. For example, for a septic tank that drains into a drywell, mark both the “septic tank” and “drywell” boxes. Please provide a generalized sketch or schematic of the well construction.

List or describe the types of fluids that enter the Class V well. If available or required attach a copy of the chemical analysis results and/or the Material Safety Data Sheets for the fluids that enter the well.

Estimate the average daily flow into the well in gallons per day.

D. Mark an “X” in the appropriate box(s) to indicate briefly how the well closure was complete. Mark all that apply to your situation. For example, all the boxes except the “Remove well & any contaminated soil” and “Other” would be marked if the connection of an automotive service bay drain leading to a septic tank and drainfield was closed, but the septic system will continue to be used for washroom waste disposal only, and the fluids and sludge throughout the system was removed for proper disposal, the system was cleaned, a cement plug was placed in the service bay drain and the pipe leading to the washroom, connection, and the septic tank/drainfield remains open for septic use only. In this example, the motor vehicle waste disposal well was converted to another well type (a septic system).

The purpose of this form is to serve as the means for the Class IV/V well owner or operator’s to notify the UIC Coordinator of the mechanisms used to close the well(s) in accordance with Title 40 of the Code of Federal Regulations (40 CFR) Section 144.12 (a). According to 40 CFR § 144.86, you must notify the UIC Program Coordinator at least within seven (7) days after well closure. Upon receipt of this form, if the UIC Coordinator determines that more specific information is required to be submitted to ensure that the well closure was conducted in a manner that will protect underground sources of drinking water (as defined in 40 CFR § 144.3), the Coordinator can require the owner/operator to prepare, submit additional information and comply with any additional requirements to insure that the closure is acceptable and approved by the Coordinator.

Please be advised that this form is intended to satisfy federal and state UIC requirements regarding Post-closure notification only. Other state, tribal or local requirements may also apply.

Send duplicate copies of all forms to:

Local Board of Health
Local Plumbing Inspector



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Name of Well Type	EPA Well Code	Name of Well Type	EPA Well Code
Agricultural Drainage Well	5F1	Storm Water Drainage Wells	5D2
Improved Sinkholes	5D3	Industrial Drainage Wells	5D4
Special Drainage Wells	5G30	Electric Power Reinjection Wells	5A5
Direct Heat Reinjection Wells	5A6	Heat Pump/Air Conditioning Return Flow Wells	5A7
Groundwater Aquaculture Return Flow Wells	5A8	Untreated Sewage Waste Disposal Wells	5W9
Cesspools	5W10	Septic Systems (Undifferentiated)	5W11
Septic Systems (Well Disposal Method)	5W31	Septic Systems (Drainfield Disposal Method)	5W32
Domestic Wastewater Treatment Plant Effluent Disposal Wells	5W12	Mining, Sand or Other Backfill Wells	5X13
Solution Mining Wells	5X14	In-situ Fossil Fuel Recovery Wells	5X15
Spent-Brine Return Flow Wells	5X16	Cooling Water Return Flow Wells	5A19
Industrial Process Water and Water Disposal Wells	5W20	Automobile Service Station Disposal Well	5X28
Aquifer Recharge Wells	5R21	Saline Water Intrusion Barrier Wells	5B22
Subsidence Control Wells	5S23	Radioactive Waste Disposal Wells	5N24
Experimental Technology Wells	5X25	Aquifer Remediation Related Wells	5X26
Abandoned Drinking Water Wells	5X29	Other Wells	5X27

Please refer to: <http://www.state.ma.us/dep/appkits/ws06.pdf> for detailed information on well type



Massachusetts Department of Environmental Protection

Addresses and Phone Numbers

DEP Boston
One Winter Street
Boston, MA 02108
Telephone: (617) 292-5500
Fax: (617) 556-1049
TDD: (617) 574-6868

William X. Wall Experiment Station
37 Shattuck Street
Lawrence, MA 01843
Fax: (978) 688-0352
Division of Environmental Analysis
Telephone: (978) 682-5237
Air Quality Surveillance
Telephone: (978) 975-1138

Division of Watershed Management
627 Main Street
Worcester, MA 01608
Telephone: (508) 792-7470
Fax: (508) 791-4131

DEP Western Region
436 Dwight Street
Suite 402
Springfield, MA 01103
Phone: (413) 784-1100
Fax: (413) 784-1149



Adams
Agawam
Alford
Amherst
Ashfield
Becket
Belchertown
Bernardston
Blandford
Brimfield
Buckland
Charlemont
Cheshire
Chester
Chesterfield
Chicopee
Clarksburg

Colrain
Conway
Cummington
Dalton
Deerfield
Easthampton
East Longmeadow
Egremont
Erving
Florida
Gill
Goshen
Granby
Granville
Great Barrington
Greenfield
Hadley

Hampden
Hancock
Hatfield
Hawley
Heath
Hinsdale
Holland
Holyoke
Huntington
Lanesborough
Lee
Lenox
Leverett
Leyden
Longmeadow
Ludlow
Middlefield

Monroe
Montague
Monterey
Montgomery
Monson
Mount Washington
New Ashford
New Marlborough
New Salem
North Adams
Northampton
Northfield
North Hadley
Orange
Otis
Palmer
Pelham
Peru

Pittsfield
Plainfield
Richmond
Rowe
Russell
Sandisfield
Savoy
Sheffield
Shelburne
Shutesbury
Southampton
South Hadley
Southwick
Springfield
Stockbridge
Sunderland
Tolland

Tyringham
Wales
Ware
Warwick
Washington
Wendell
Westfield
Westhampton
West Springfield
West Stockbridge
Whately
Wilbraham
Williamstown
Windsor
Worthington

DEP Central Region
627 Main Street
Worcester, MA 01608
Phone: (508) 792-7650
Fax: (508) 792-7621
TDD: (508) 767-2788



Acton
Ashburnham
Ashby
Athol
Auburn
Ayer
Barre
Bellingham
Berlin
Blackstone
Bolton
Boxborough
Boylston
Brookfield

Charlton
Clinton
Douglas
Dudley
Dunstable
East Brookfield
Fitchburg
Gardner
Grafton
Groton
Harvard
Hardwick
Holden
Hopedale

Hopkinton
Hubbardston
Hudson
Holliston
Lancaster
Leicester
Leominster
Littleton
Lunenburg
Marlborough
Maynard
Medway
Mendon
Milford

Millbury
Millville
New Braintree
Northborough
Northbridge
North Brookfield
Oakham
Oxford
Paxton
Pepperell
Petersham
Phillipston
Princeton
Royalston

Rutland
Shirley
Shrewsbury
Southborough
Southbridge
Spencer
Sterling
Stow
Sturbridge
Sutton
Templeton
Townsend
Tyngsborough
Upton

Uxbridge
Warren
Webster
Westborough
West Boylston
West Brookfield
Westford
Westminster
Winchendon
Worcester

DEP Southeast Region
20 Riverside Drive
Lakeville, MA 02347
Phone: (508) 946-2700
Fax: (508) 947-6557
TDD: (508) 946-2795



Abington
Acushnet
Attleboro
Avon
Barnstable
Berkley
Bourne
Brewster
Bridgewater
Brockton
Carver
Chatham
Chilmark

Dartmouth
Dennis
Dighton
Duxbury
Eastham
East Bridgewater
Easton
Edgartown
Fairhaven
Fall River
Falmouth
Foxborough
Franklin

Freetown
Gay Head
Gosnold
Halifax
Hanover
Hanson
Harwich
Kingston
Lakeville
Mansfield
Marion
Marshfield
Mashpee

Mattapoisett
Middleborough
Nantucket
New Bedford
North Attleborough
Norton
Norwell
Oak Bluffs
Orleans
Pembroke
Plainville
Plymouth
Plympton

Provincetown
Raynham
Rehoboth
Rochester
Rockland
Sandwich
Scituate
Seekonk
Sharon
Somerset
Stoughton
Swansea
Taunton

Tisbury
Truro
Wareham
Wellfleet
West Bridgewater
Westport
West Tisbury
Whitman
Wrentham
Yarmouth

DEP Northeast Region
One Winter Street
Boston, MA 02108
Telephone: (617) 654-6500
Fax: (617) 556-1049
TDD: (617) 574-6868



Amesbury
Andover
Arlington
Ashland
Bedford
Belmont
Beverly
Billerica
Boston
Boxford
Braintree
Brookline
Burlington
Cambridge
Canton
Carlisle

Chelmsford
Chelsea
Cohasset
Concord
Danvers
Dedham
Dover
Dracut
Essex
Everett
Framingham
Georgetown
Gloucester
Groveland
Hamilton
Haverhill

Hingham
Holbrook
Hull
Ipswich
Lawrence
Lexington
Lincoln
Lowell
Lynn
Lynnfield
Malden
Manchester-By-The-Sea
Marblehead
Medfield
Medford
Melrose

Merrimac
Methuen
Middleton
Millis
Milton
Nahant
Natick
Needham
Lynn
Newburyport
Newton
Norfolk
North Andover
North Reading
Norwood
Peabody

Quincy
Randolph
Reading
Revere
Rockport
Rowley
Salem
Salisbury
Saugus
Sherborn
Somerville
Stoneham
Sudbury
Swampscott
Tewksbury
Topsfield

Wakefield
Walpole
Waltham
Watertown
Wayland
Wellesley
Wenham
West Newbury
Weston
Westwood
Weymouth
Wilmington
Winchester
Winthrop
Woburn



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Transaction Type:

Registration ☐

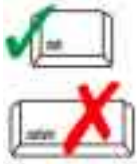
Closure ☐

Partial Closure ☐

Closure/Replacement ☐

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

Facility Name

Facility Street Address

Company Name (if different)

SIC Code

Facility # (DEP Use Only)

City/Town

State

Zip Code

County

Location: Latitude

Location: Longitude

Facility Telephone Number (optional)

Facility E-mail (optional)

EPA Hazardous Waste Generator ID Number

EPA Hazardous Waste Generator ID Number

B. Owner/Operator Information

Name of Owner

Address of Owner (if different than Facility)

City/Town

State

Zip Code

Name of Operator (if different than owner)

Address of Operator (if different than Facility)

City/Town

State

Legal Contact

Legal Contact Phone #

Legal Contact Fax #

EPA Hazardous Waste Generator ID Number

EPA Hazardous Waste Generator ID Number

Ownership Type:

Private: Industrial ☐
Public Local ☐

Commercial ☐ Non-Profit ☐ Residential ☐
Regional ☐ State ☐ **Federal** ☐

C. Injection Well Information

Individual ☐

Area ☐

Well Type

Well Code

Number of Wells

Well Construction (check all that apply): ☐ Drywell ☐ Septic Tank ☐ Cesspool

☐ Improved Sinkhole ☐ Drainfield / Leachfield

Other

Type of Discharge

Average Flow (gallons/day)

Year of Well Construction

Year ceased using Well

Entry Points to System (EP):

EP before proposed closure

EP proposed to be closed

EP after closure*

* proposed – need to be Registered with the UIC program

See instructions
- Table

See instructions
- Table



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C. Injection Well Information (continued)

See instructions	WELL OPERATION STATUS: Active <input type="checkbox"/>		Under Construction <input type="checkbox"/>	Temp. Abandoned <input type="checkbox"/>
	Active/Partial Closure <input type="checkbox"/>		Permanently Abandoned/Not Reported Previously <input type="checkbox"/>	
See instructions	Depth to water table _____		Depth to bedrock _____	
See instructions	Soil type(s) at site- e.g. fill, sandy till, gravel, sand _____		Distance to nearest private drinking water well _____	
See instructions	Distance to the nearest Public Water Supply _____		Name of nearest Public Water Supply _____	

D. Well Closure Option Selected and Required Activities

(as per DEP–UIC Program):

Option - Sealing: Plug point of entry, if applicable (see 248 CMR 2.09).
Submit copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain** (where applicable)

Form WS-1 # (assigned by DEP) _____	Plumbing Permit # _____	Date of Plugging _____
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Option – IWW Holding Tank (314 CMR 18.00):
Connect discharge to a Certified holding tank meeting appropriate DEP requirements.
Submit -Floor plan with holding tank and floor drain location(s)

IWW Holding Tank Certification Transmittal # _____	Date of Submittal _____
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Tank ID # _____	Date of Connection _____
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Option – Sewer: Connect discharge to municipal sanitary sewer
Submit Sewer discharge permit # or Letter approval from Local Sewer District.

Date of Approval to Connect _____	Date of Connection _____
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Name of POTW _____	Permit # _____
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Note: DEP is in the process of updating the regulatory requirements pertaining to the above permit program (Industrial Wastewater Sewer Connection). Please contact your DEP Regional Service Center for current requirements.

Option - Other: Certain other options are also acceptable (e.g. closed loop recirculating system, closure and removal of entire operation, surface water discharge permit). Specify and attach a sheet with additional information:

Specify Option Selected _____

Submit WS-1 if floor drain(s) are closed.

Permit # _____	Approval Date _____	Connection Date _____
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D. Well Closure Option Selected and Required Activities (continued)

Submit all screening and Analytical Results: This information must be submitted in accordance with criteria specified in the document entitled "Massachusetts Closure Requirements for Shallow Injection Wells."

Facilities Waste Management Plan: When required via the issuance of an enforcement order from the DEP's UIC program or in response to your Pre-Closure submittal from the DEP's UIC program, a waste management plan specifying methods to be used to properly collect, store, and dispose of all potentially hazardous wastes must be submitted

Date of Well Closure(s)

E. Affidavit

I/We understand that I/we must handle, store, and dispose of all hazardous wastes in an environmentally sound manner in accordance with all appropriate regulations.

I/We certify under penalty of law that I/we have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those individuals immediately responsible for obtaining the information, I/we believe the information is true, accurate, and complete. I/we am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Preparer

Date

Printed Name of Preparer

Position/Title

F. Additional Instructions

Who must register: Any party, other than those who are exempt as per 310 CMR 27.07, who discharges or has discharged to a Class V Well as defined in 310 CMR 27.00 must apply.

If you are closing the use of the well(s) for one (or more) uses but want to continue using the well(s) for one (or more) uses you must mark the top of this form Partial Closure and attach to this submittal a BRP WS 06 Form for those uses that you intend to continue to discharge to the Class V Well.

If you are closing the well(s) and relocating the well(s) and are planning to have the same discharge (Well Code), you must mark the top of this form Closure/Replacement and attach to this submittal a BRP WS 06 Form for the replacement well(s).



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F. Additional Instructions (continued)

Further Questions: Any questions may be directed to the UIC Program at (617) 348-4014 or to the UIC Regional Contact at your Regional DEP Office. Complete and sign this form, include all required attachments, and submit it to the appropriate MA DEP Regional Office:

Northeast:	UIC Program, DEP Northeast Regional Office (NERO), 1 Winter Street – 5 th Floor, Boston, MA 02108
Southeast:	UIC Program, DEP Southeast Regional Office, (SERO) 20 Riverside Dr., Lakeville, MA 02347
Central:	UIC Program, DEP Central Regional Office (CERO), 627 Main Street, Worcester, MA 01608
Western:	UIC Program, DEP Western Regional Office (WERO), State House West, 4 th Floor, 436 Dwight Street, Springfield, MA 01103

Service Center Phone Numbers:

Northeast: 617-654-6500	Southeast: 508-946-2714
Central: 508-792-7683	Western: 413-784-1100x214

Send duplicate copies of all forms to:

Local Board of Health
Local Plumbing Inspector